

<b>Case Number:</b>	CM15-0145494		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male who sustained an industrial injury on May 28, 2014. The worker was employed as a driver, landscaper who was involved in a motor vehicle accident while driving the 4-ton work truck. He had immediate onset of sharp pain in the left shoulder blade. An orthopedic primary follow up visit dated September 26, 2014 reported the worker prescribed modified work duty. At a follow up dated March 13, 2015, the worker had subjective complaint of significant pain in the neck and trapezius to the mid scapula. Current medications were: Tramadol 50mg, and Vicodin 5mg 300mg. the diagnostic impression found: cervical strain; C4-5 and C5-6 disc degeneration and annular tear; scapula and rib fracture versus contusion; right lateral epicondylitis, nearly resolved; chronic intractable pain; right cubital tunnel syndrome; facet hypertrophy, L4-5 and L5-S1, different claim; T7, T8, T9 costovertebral degenerative joint disease; disc degeneration L4-5 and L5-S1, different claim; right biceps tendonitis, different claim; right olecranon bursitis; partial tear right distal biceps tendon, and anterior or left shoulder labral tear, probably asymptomatic. There is recommendation to undergo diagnostic nerve blocks and if noted with success may consider future radiofrequency treatment. He will keep a journal of notes. Current medications on March 2015 were: Tramadol, Vicodin, Anaprox, and Norco 10mg 325mg. There is a recommendation to undergo nerve conduction study of upper extremities with an anticipated right open cubital release. He is temporarily totally disabled. Back on September 05, 2014 there was subjective report of right forearm and elbow pain. Current medications were: Ultram. The patient had received an unspecified number of PT visits for this injury. Per the note dated 7/15/15, the patient had complaints of left shoulder and right elbow pain at 8/10. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion positive impingement sign. The patient has had positive Tinel sign and tenderness on palpation on right elbow. The patient has had MR arthrogram of the left shoulder on 7/31/2015 that revealed SLAP lesion; MRI of left

elbow on 8/29/14 that revealed tendinopathy. A recent urine drug screen report was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

**Decision rationale:** Norco 10/325mg #60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non- opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications for chronic pain (anti-depressants/anti-convulsants), without the use of norco, was not specified in the records provided whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.